

USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF
JOSEPH ARRIETACOURT CASE NUMBER
09C1043DEFENDANT
DR. GHOSH, ETAL.TYPE OF PROCESS
(WAIVER) SUMMONS & COMPLAINTSERVE
AT

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

CAROL VANCE, HEALTH CARE ADMINISTRATOR AT STATEVILLE CORRECTIONAL CENTER

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

P.O. BOX 112 JOLIET, IL 60434

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

JOSEPH ARRIETA - #B-74625
STATEVILLE CORRECTIONAL CENTER - STV
P.O. BOX 112
JOLIET, IL 60434Number of process to be
served with this Form 285

1

Number of parties to be
served in this case

6

Check for service
on U.S.A.

X

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses,
All Telephone Numbers, and Estimated Times Available for Service):

Fold

** Deputies: Do not input address of defendant on the USM-285 form.*

Signature of Attorney other Originator requesting service on behalf of:

☒ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

DATE:

5/6/09

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total
number of process indicated.
(Sign only for USM 285 if more
than one USM 285 is submitted)

Total Process

2

District of
Origin

No. 24

District to
Serve

No. 24

Signature of Authorized USMS Deputy or Clerk

Date

05/06/2009

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described
on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

Richard Penn Husband

☐ A person of suitable age and discretion
then residing in defendant's usual place
of abode

Address (complete only different than shown above)

1 DNDM
1 HOUR
30 milesFILED
NOV 05 2010
NOV 05 2010 NF

Date

10/25/10

Time

1530

☐ am
☒ pm

Signature of U.S. Marshal or Deputy

[Signature]

Service Fee

Total Mileage Charges
(including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal* or
(Amount of Refund*)MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT

\$0.00

REMARKS:

CERTIFIED MAIL MAILED ON MAY 6, 2009

CERTIFIED MAIL NUMBER: 7007 0710 0000 9546 0057

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment,
if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED